Audits Section - Bay and Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

January 29, 2009

Leland Tom, Director Sacramento County Mental Health Services 7001 – A East Parkway, Suite 400 Sacramento, CA 95823

Dear Mr. Tom:

#### AUDIT REPORT - SACRAMENTO COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Sacramento County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

	Ne Settled	et P	rogram Costs Allowed	<u>Adj</u> ı	<u>ustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 52,611,533	\$	49,042,185	\$ (	3,569,348)
Federal Share of Healthy Families/Medi-Cal	\$ 284,700	\$	280,106	\$	(4,594)
State General Funds EPSDT Due State	\$ 29,231,709	\$	28,671,877	\$	(559,832)

Leland Tom, Director January 29, 2009 Page 2

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

SHIRLEY CASTANEDA, Supervisor Audits Section – Bay & Central Region

**Enclosures** 

**CERTIFIED MAIL** 

#### SACRAMENTO COUNTY MENTAL HEALTH COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

		<b></b>	As Settled		Audit Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL PROGRAM COSTS						•
FROGRAM COSTS						
COUNTY PROVIDERS						
MEDI-CAL - FFP	(Sch. 2a)	\$		\$	(1,717,951) \$	8,799,287
HEALTHY FAMILIES - FFP	(Sch. 2a)		35,195		(3,376)	31,819
TOTAL FFP - COUNTY PROVIDERS		\$	10,552,433	\$	(1,721,327) \$	8,831,106
CONTRACT PROVIDERS						
MEDI-CAL - FFP		\$	42,094,295	\$	(1,851,397) \$	40,242,898
HEALTHY FAMILIES - FFP			249,505		(1,218)	248,287
TOTAL FFP - COUNTY PROVIDERS		\$	42,343,800	\$	(1,852,615) \$	40,491,185
TOTAL FFP - COUNTY PLUS CONTRACT F	ROVIDERS				*	
MEDI-CAL - FFP		\$	52,611,533	\$	(3,569,348) \$	49,042,185
HEALTHY FAMILIES - FFP			284,700		(4,594)	280,106
TOTAL FFP - COUNTY PLUS CONTRACT F	ROVIDERS	. \$ _	52,896,233	\$_	(3,573,942) \$	49,322,291
SUMMARY OF STATE GENERAL FUNDS						
EPSDT - SGF	(Sch. 4) (See Note)	\$	29,231,709	\$	(559,832) \$	28,671,877
Note: The "As Settled" amount abo	ve includes a refund of \$14,924 to	o the Sta	ate subsequent to	the	initial EPSDT	

The "As Settled" amount above includes a refund of \$14,924 to the State subsequent to the initial EPSD3 settlement. (Refer to Adjustment 148)

#### SACRAMENTO COUNTY MENTAL HEALTH COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

cou	UNTY OPERATED FEDERAL					Audit	
				As Settled		Adjustments	As Audited
Tota	l Medi-Cal Gross Reimbursement			715 5511161	_	Trajustineate	
1012	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0 \$	0 .
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	*	9,215,091	*	(1,669,276)	7,545,815
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0	0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		0	0
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0	0
7	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0	0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		54,145		(15,366)	38,779
9.	Total	(11111300, 11111, 1111)	s	9,269,236	s <sup>-</sup>	(1,684,642) \$	
7.	Total		·=	3,203,200	"=	(1,001,012)	7,501,551
Less	s: Patient & Other Payor Revenues						
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0 \$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		.0		0	0
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0	0
14,	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0	0
15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0	0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0	0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0	Ò
18.	Total		\$	Ö	\$	0 \$	0
	•		=		=		
Me	di-Cal Net Reimbursement for Direct Services						
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0. \$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		9,215,091		(1,669,276)	7,545,815
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0	0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		. 0		0	0
24.	Healthy Families-O/P	(Ln 8 - Ln 17)		54,145		(15,366)	38,779
25.	Total		\$	9,269,236	\$ ~	(1,684,642)	7,584,594
			=		: =		
Me	di-Cal MAA Reimbursement						
26.	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	382,405	\$	(235,937)	146,468
27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		1,530,448		(905,738)	624,710
28.	Service Functions 21-19	(MH1979, Ln 13, Col. A)		1,223,184		(724,728)	498,456
29.	Total	•	\$_	3,136,037	\$	(1,866,402)	\$ 1,269,635
			=		- =		

#### SACRAMENTO COUNTY MENTAL HEALTH COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL					Audit	
		_	As Settled	,	Adjustments	As Audited
Amount Negotiated Rates Exceed Cost						
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 \$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	. 0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0	0
36. Total		\$	0	\$	0 \$	Ö
		****				<del></del>
Medi-Cal Administrative Reimbursement						
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	13,226,302	\$	(272,502) \$	12,953,800
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	6,168,469	\$	574,801 \$	6,743,270
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$	6,168,469	\$_	574,801 \$	6,743,270
		-		-		
Healthy Families Administrative Reimbursement						
40. Healthy Families Administrative Reimbursement Limit	l (MH1979, Ln 8)	\$ _	43,800		(1,537) \$	42,263
41. Healthy Families Administration	(MH1979, Ln 9)	\$_		\$	10,173 \$	10,173
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$	0	\$_	10,173 \$	10,173
Utilization Review Reimbursement						
43. Skilled Professional	(MH1979, Ln 14, Col. D)		862,494	: \$ =	0 \$	862,494
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$	0	\$	0 \$	0
	11 (1) (1) (1) (1)					
Net SD/MC Reimbursement - FFP						
45. Direct Services	(MH1979, Ln 16,16A)	\$	4,912,317	\$	(890,967) \$	4,021,350
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		0	0
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0	. 0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	1,873,815		(1,114,383)	759,432
49. Administrative Reimbursement	(MH1979, Ln 6)		3,084,235		287,400	3,371,635
50. U.R. Skilled Professional	(MH1979, Ln 14)		646,871		(1)	646,871
51, U.R. Other	(MH1979, Ln 15)		0		0	. 0
52. Negotiated Rate-Payback	(MH1979, Ln 20)		. 0		0	. 0
53. Subtotal- FFP		\$ -	10,517,238	- \$ -	(1,717,951) \$	8,799,287
		=	<del></del>	= =		
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	. 0	\$	0 \$	0
55. Quality Assurance Review Results	(Adj # )		0		0	0
		_				
56, Total SD/MC Reimbursement - FFP		\$ _	10,517,238	_ \$ _	(1,717,951) \$	8,799,287
Net Healthy Families Reimbursement - FFP						
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	35,195	\$	(9,989) \$	25,206
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0	0
59. Administrative Reimbursement	(MH1979, Ln 10)		0		6,612	6,612
60. Total Healthy Families Reimbursement - FFP		\$	35,195	- \$ -	(3,376)	
·		=		= =		
61. Total - FFP (Ln 56 + Ln 60)		\$	10,552,433	\$_	(1,721,327)	8,831,106
		=		= =		(To Sch. 1)

#### SACRAMENTO COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

		(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	<del>(a)</del>	(10)
		Regular N	M/Cal	EPSDT Enhanced -	Enhanced -	Total	Healthy	Regular M/Cal	EPSDT Enhanced -	Enhanced -	Total	Healthy
Legal		and EPS	DT	Children	Refugees	Gross Cost	Families	and EPSDT	Children	Refugees	Gross Cost	Families
Entity		Gross C	ost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost	Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost
Numbe	r Legal Entity			1 N P	A T I E	N T			O U T	P A T	E N T	
-		(MH 19	58.	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
		Ln 5, 5A, 1	0,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27. 27A)
120	Families First	s	0 \$	0 \$	0 \$	0, \$	0 s			0 \$	3,653,879 \$	47,317
156	EMQ	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	4,881,156 \$	10,934
222	HRC	\$	0 \$	0 \$	0 S	0 \$	0 \$			.0 \$	2,285,542 \$	. 0
223	El Hogar	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	4,170,987 \$	. 0
224	Med Člinic	\$	0 \$	0 \$	0 \$	0 \$	. 0 \$			0 \$	3,595,872 \$	47,016
225	Terkensha	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	3,420,067 \$	64,449
226	Turning Point	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	13,311,337 \$	78,655
227	Visions	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	4,552,464 \$	9,320
273	Edgewood	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	117,102 \$	0
380	TLČS	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	486,305 \$	0
384	Sutter	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	1,216,162 \$	1,824
385	VOA Halcyon	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	247,362 \$	. 0
386	Milhous	\$	0 \$	0 \$	. 0 \$	0 \$	0 \$			0 \$	595,330 \$	0
461	Summiview	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	152,162 \$	0
484	North Valley School (Victor)	\$	0 \$	0 \$	. 0 \$	0 \$	0 \$			. 0 \$	487,122 \$	0
512	River Oak	\$	0 \$	0.\$	0 \$	0 \$	0 \$			0 \$	12,304,520 \$	70,367
521	After	\$	0 \$	0 \$	0 \$	0 \$	0 \$	4,292,545		0 \$	4,292,545 \$	33,524
522	CFI	\$	0 \$	0 - \$	0 \$	0 \$	0 \$			0 \$	3,076,426 \$	0
523	Sacramento Childrens Hospital	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	3,089,841 \$	0
541	Charis	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	79,772 \$	. 0
545	La Famila	\$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	1,004,325 \$	9,178
552	San Juan USD	\$	0\$	0 \$	0 \$	0 \$	0 \$			0 \$	1,739,077 \$	1,689
662	Quality Group Home	\$	0 \$	0 \$	0 \$	0 \$	0 \$	1,237,486		. 0 \$	1,237,486 \$	0
665	Family Service Agency	\$	0 \$	0 \$	0 \$	0 \$	0 \$	661,758		0 \$	661,758 \$	0
735	Cross Creek	\$	0 \$	0 \$	0 S	0 \$	0 \$	765,577		0 \$	765,577 \$	5,828
767	UC Regents	\$	0 \$	0 \$	0 \$	0 \$	0 \$	2,619,054		0 \$	2,619,054 \$	0
923	Stanford Home	\$	0 \$	0 \$	0 \$	0 \$	0 \$	4,176,546		0 \$	4,176,546 \$	0
948	Triad	S	0 \$	0 \$	0 \$	0 \$	0 \$	33,780 \$	0 \$	0 \$	33,780 \$	0
1000	Another Chance	\$	0 \$	0 \$	0 . \$	0 \$	0 \$	385,159	0 \$	0 \$	385,159 \$	0
1001	SBAC	\$	0 \$	0 \$	0 \$	0 \$	0 \$	17.4,135	0 \$	0 \$	174,135 \$	1,878
		¢	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	0 \$	0
		S	0 \$	0 \$	0 \$	0 \$	0 \$		0.\$	0 \$	0 \$	ñ
		\$	0 \$	0 \$	0 \$	0 \$	0 \$	9	0 \$	0 \$	0 \$	n
		\$	0 \$	0 \$	0 \$	ŏ \$	0 \$			0 \$	0 \$	ñ
		.\$	0 \$	0 \$	0 \$	0 \$	0 \$	9		0 \$	0 \$	ō
		s	0 s			0 s	0 \$	78.812.850		0 \$	78,812,850 \$	381,980

# SACRAMENTO COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

			(11) Total Revenue	(12) Healthy Families	(13) Total Revenue	(14) Healthy Families	(15) Total Net Cost	(16) Net Cost	(17) Total Net Cost	(18) Net Cost	(19) Total MAA
Legal	*		(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
Entity		1	(EXCL HPP)		OUTPAT		INPA		OUTEA		Reimbursement
Numbe	r <u>Legal Entity</u>		(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)	(0014-11)	(0015-12)	(001 9-10)	(60110-14)	Ln 11-13)
			LI1 20 (0 30)	шы	LI1 26 10 30)	LII 31)					Lit 11-15)
120	Families First	\$	0 \$	0 \$	0 \$	0 \$	0 \$	. 0 \$	3,653,879 \$	47,317 \$	0
156	EMQ	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	4,881,156 \$	10,934 \$	Ō
222	HRC	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	2,285,542 \$	0 \$	0
223	El Hogar	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	4,170,987 \$	0 \$	Ō
224	Med Clinic	ŝ	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	3,595,872 \$	47,016 \$	ō
225	Terkensha	Š	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	3,420,067 \$	64,449 \$	0
226	Turning Point	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	13,311,337 \$	78,655 \$	0
227	Visions	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	4,552,464 \$	9,320 \$	ō
273	Edgewood	\$	0 \$	0 \$	0 \$	. 0 \$	0 \$	0 \$	117,102 \$	0 \$	0
380	TLCS	Š	0.\$	0 \$	0 \$	0 \$	0 \$	0 \$	486,305 \$	0 \$	n
384	Sutter	9	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	1,216,162 \$	1,824 \$	ñ
385	VOA Haicyon	¢	0 \$	0 S	0 \$	. 0 \$	0 \$	0 \$	247,362 \$	0 \$	n
386	Milhous	6	0 \$ :	0 \$	0 \$	0 \$	0 \$	0 \$	595,330 \$	0 \$	. 0
		9	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	152,162 \$	0.\$	0
461	Summiview	9	0 \$	0 \$	. 0 \$	0 \$	0 \$	0 \$	487,122 \$	0.9	0
484	North Valley School (Victor)	9	0 \$	0 \$	0.\$	0 \$	0 \$	0 \$	12,304,520 \$	70,367 \$	0
512	River Oak	9	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	4,292,545 \$	33,524 \$	0
521	After	3	0 \$	0 \$	0 \$	0 \$	0 \$	. 0 \$	3,076,426 \$	33,324 \$	0
522	CFI	3	0 \$	0.5	0 \$	0 \$	0 \$	0 \$	3,089,841 \$	0 \$	U
523	Sacramento Childrens Hospital	\$	. 0 \$	0.\$	0 \$	0 \$	0 \$	. 0 \$	79,772 \$	0 \$	0
541	Charis	<b>⊅</b>		. 0.5	0.\$	0.5	0 \$	0 \$	1,004,325 \$	9,178 \$	0
545	La Famila	5			0 \$	. 0 \$	0 \$	0 \$	1,739,077 \$		U
552	San Juan USD	\$	0 \$	0 \$	·					1,689 \$	Ü
662	Quality Group Home	\$	0 \$	0 \$	. 0 \$	0 \$	0 \$	0 \$	1,237,486 \$	0 \$	U
665	Family Service Agency	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	661,758 \$	0 \$	. 0
735	Cross Creek	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	765,577 \$	5,828 \$	Ü
767	UC Regents	\$	0 \$	0 \$	. 0 \$	0 \$	0 \$	0 \$	2,619,054 \$	0 \$	O .
923	Stanford Home	\$	.0 \$	0 \$	0 \$	0 \$	. 0 \$	. 0 \$	4,176,546 \$	0 \$	0
948	Triad	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	33,780 \$	0 \$	0
1000	Another Chance	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	385,159 \$	0 \$	0
1001	SBAC	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	174,135 \$	1,878 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0.\$	0 \$	0 \$	0 \$	0 \$	. 0
ō		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
ō		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
Ö		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
	GRAND TOTAL	\$	0 \$	0 \$	0 \$	. 0 \$	0 \$	0 \$	78,812,850 \$	381,980 \$	0

# SACRAMENTO COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

			(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
			Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates					
Legal			Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity			(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity		INPA	THENT	OUTPA		(FFP)	(FFP)	(FFP)	Maximum	Maximum
-			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Coi. 24 + 25)		
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
120	Families First	\$	0 \$			0 \$				3,398,017 \$	1,979,544
156	EMQ	\$	0 \$			0 \$				2,790,774 \$	2,612,511
222	HRC	\$	0 \$			0 \$				1,197,884 \$	1,197,884
223	El Hogar	\$	0 \$		0 \$	0 \$				2,065,781 \$	2,065,781
224	Med Clinic	\$	0 \$			0 \$				2,141,430 \$	1,946,408
225	Terkensha	\$	0 \$		0 \$	0 \$				2,047,976 \$	1,864,826
226	Turning Point	\$	0 \$			0 \$				6,625,143 \$	6,625,143
227	Visions	\$	0 \$		0 \$	0 \$				2,369,121 \$	2,369,121
273	Edgewood	\$	. 0 \$			0 \$				145,171 \$	62,351
380	TLCS	\$	0 \$	0 \$	0 \$	C \$				271,517 <b>\$</b>	260,778
384	Sutter	\$	0 \$	0 \$	0 \$	0 \$	648,220 \$	1,186 \$	649,406 \$	808,055 \$	649,406
385	VOA Halcvon	\$	0 \$	0 \$		0 \$	131,924 \$	0 \$	131,924 \$	146,892 \$	131,924
386	Milhous	\$	0 \$	0 \$	20 <b>\$</b>	0 \$	317,698 \$	0 8	317,698 \$	488,428 \$ .	317,698
461	Summiview	\$	0 \$	0 \$	. 0 \$	0 \$	81,088 \$	0 \$	81,088 \$	205,588 \$	81,088
484	North Valley School (Victor)	s	0 \$	0 \$	0 · \$	0 \$	259,827 \$	0 \$	259,827 \$	168,706 \$	168,706
512	River Oak	\$	0 \$	0 \$	0 \$	0 \$	6,559,560 \$	45,738 \$	6,605,298 \$	6,152,803 \$	6,152,803
521	After	\$	ō s		0 \$	0 \$				2,158,803 \$	2,158,803
522	CFI	s	0 \$		0 \$	0 \$	1,640,377 \$			1,554,100 \$	1,554,100
523	Sacramento Childrens Hospital	.\$	0 \$		0 \$	0 \$	1,646,121 \$	0 \$		2,100,334 \$	1,646,121
541	Charis	ŝ	0 \$		0 \$	0 \$	42,492 \$	0 \$		168,656 \$	42,492
545	La Famila	\$	0 \$		0 \$	. 0 \$	535,393 \$			517,193 \$	517,193
552	San Juan USD	ě	0 \$		- 0 \$	0 \$	926,419 \$			884,996 \$	884,996
662	Quality Group Home	6	0 \$		0 \$	0 \$	659,824 \$	0 \$		574,802 \$	574,802
665	Family Service Agency	\$	0 \$		0 \$	0 \$	352,692 \$	0 \$		375,515 \$	352,692
735	Cross Creek	\$	0 \$		0 \$	0 \$	408,064 \$	3,788 \$		418.311 \$	411,852
		\$	0 \$	0 \$	0 \$	0 \$	1,395,463 \$	0 \$		1,424,122 \$	1,395,463
767	UC Regents '	S	0 \$	0 \$	0 \$	0 \$	2,225,732 \$	. 0 \$		2,149,904 \$	2,149,904
923	Stanford Home	. s	0.\$	0 \$	. 0 \$	0 \$	18,051 \$	0 \$	18,051 \$	86,154 \$	18.051
948	Triad	\$ \$		. 0 \$	0 \$	0 \$	204,867 \$	0 \$	204,867 \$	303,052 \$	204,867
1000	Another Chance		0 \$ 0 \$	0 \$	. 0 \$	. 0 \$	. 92.654 \$	1,221 \$	93,875 \$	184,500 \$	93,875
1001	SBAC	\$						· · · · · · · · · · · · · · · · · · ·			
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	\$	Ō
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 - \$	0 \$	0 \$	0 \$	0
0		υ\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	. 0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
. 0		0 \$	0 \$	0.\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
	GRAND TOTAL	s ~	0 \$	0 \$	0 \$	0 s	42,015,041 \$	248,287 \$	42,263,328 \$	43,923,726 \$	40,491,185
	GRAND TOTAL	Φ=					72,015,041 Q	240,201	72,200,020 U	70,020,720 0	70,731,103

(To Sch. 1)

# SACRAMENTO COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

	 As Settled	Audit * Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$ 88,175,351 \$	(1,816,686) \$	86,358,665
(2) Total SD/MC Claims	87,125,798	(35,746)	87,090,052
(3) (Line 1/Line 2)	101.20%	(0.02)	99.16%
(4) EPSDT Claims	65,296,269	(35,746)	65,260,523
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	66,079,824	(1,367,490)	64,712,334
(6) Cost Settled Baseline for EPSDT	2,163,298	0	2,163,298
(7) Net Cost Settlement Amount (Line 5 - Line 6)	63,916,526	(1,367,490)	62,549,036
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	29,849,018	(638,618)	29,210,400
(8a) FY 2001-02 EPSDT Settlement (48.64% of net cost line 8)	23,825,165	0	23,825,165
(8b) Annual Local Growth (L. 8 - 8a)	6,023,853	(638,618)	5,385,235
(9) County Match 10% of Local Growth (8b x 10%)	602,385	(63,862)	538,524
(10) Net Cost Settlement Amount (L. 8 - 9)	29,246,633	(574,756)	28,671,877
(11) SGF Distribution (Settled and Audited)	29,246,633	(14,924)	29,231,709
(12) SGF Due County (State)	\$ 0 \$	(559,832) \$	(559,832)
	 		(To Sch. 1)

#### Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

Provide	r				Provider Number		No. of Adj.	Т	Fiscal	Perio	d Ended
	SACRAME	ито со	UNTY N	1H	00034		149	June 30, 2004			
	Report Re	ference				As			Increase		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	TS .		Reported		(Decrease)		Adjusted
1,0.	Gon.	Line		ADJUSTMENTS TO REPORTED COSTS							
i	MH 1960	1	В	OTHER MENTAL HEALTH EXPENDITURES		\$	131,671,062	\$	(2,719,460)	\$	128,951,602
				To adjust other mental health expenditures to agree with the Cour	nty's general ledger.						
				CMS Pub 15-1, Section 2304							
2	MH 1960	1	C .	TOTAL MENTAL HEALTH EXPENDITURES		\$	161,102,710	\$	(2,719,460)	\$	158,383,250
			i	To adjust reported expenses to reflect adjustment number 1.							
				CMS Pub 15-1, Section 2304							
3	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS		\$	(103,941,690)	\$	(1,726,251)	\$	(105,667,941)
				To adjust Payments To Contract Providers to agree with the Cour	nty's record.						
				CMS Pub 15-1, Section 2304							
4	MH 1960	4	С	OTHER ADJUSTMENTS		\$	0	\$	3,004,855	\$	3,004,855 *
		İ		To include the Calwork costs to agree with County record.	•						
				CMS Pub 15-1, Section 2304							
5	MH 1960	4	С	OTHER ADJUSTMENTS		** \$	3,004,855	\$	497,178	\$	3,502,033 *
				To include the MIOCR Grant expenses to agree with the County's	record.						
				CMS Pub 15-1, Section 2304							
		İ									
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.							

4	Col.  C  C	EXPLANATION OF AUDIT ADJUSTMENTS  ADJUSTMENTS TO REPORTED COSTS  OTHER ADJUSTMENTS  To include the DRC/NAC Probation Grant expenses to agree with the CC  CMS Pub 15-1, Section 2304  ALLOWABLE COSTS FOR ALLOCATION  To adjust expenses to reflect adjustment numbers 1 through 6.  ALLOWABLE COSTS FOR ALLOCATION  To adjust Pharmacy charges to Providers to agree with the County's recC  CMS PUB. 15-1 SEC. 2304  ALLOWABLE COSTS FOR ALLOCATION	ounty's record.  * ord.	\$ \$ \$	As Reported 3,502,033 51,921,269 51,211,969	\$ \$	Jur Increase (Decrease)  234,378  (709,300)  (1,275,044)	s \$	As Adjusted 3,736,411 51,211,969 49,936,925
Line 4 8	C C	ADJUSTMENTS TO REPORTED COSTS  OTHER ADJUSTMENTS  To include the DRC/NAC Probation Grant expenses to agree with the CCCMS Pub 15-1, Section 2304  ALLOWABLE COSTS FOR ALLOCATION  To adjust expenses to reflect adjustment numbers 1 through 6.  ALLOWABLE COSTS FOR ALLOCATION  To adjust Pharmacy charges to Providers to agree with the County's recCMS PUB. 15-1 SEC. 2304  ALLOWABLE COSTS FOR ALLOCATION	ounty's record.  * ord.	\$	Reported  3,502,033  51,921,269  51,211,969	\$	(709,300)	\$	Adjusted 3,736,411 51,211,969
8	C C	ADJUSTMENTS TO REPORTED COSTS  OTHER ADJUSTMENTS  To include the DRC/NAC Probation Grant expenses to agree with the CCCMS Pub 15-1, Section 2304  ALLOWABLE COSTS FOR ALLOCATION  To adjust expenses to reflect adjustment numbers 1 through 6.  ALLOWABLE COSTS FOR ALLOCATION  To adjust Pharmacy charges to Providers to agree with the County's recCMS PUB. 15-1 SEC. 2304  ALLOWABLE COSTS FOR ALLOCATION	ounty's record.  * ord.	\$	3,502,033 51,921,269 51,211,969	\$	234,378	\$	3,736,411 51,211,969
8	C	OTHER ADJUSTMENTS  To include the DRC/NAC Probation Grant expenses to agree with the CCCMS Pub 15-1, Section 2304  ALLOWABLE COSTS FOR ALLOCATION  To adjust expenses to reflect adjustment numbers 1 through 6.  ALLOWABLE COSTS FOR ALLOCATION  To adjust Pharmacy charges to Providers to agree with the County's recCMS PUB. 15-1 SEC. 2304  ALLOWABLE COSTS FOR ALLOCATION	ounty's record.  * ord.	\$	51,921,269 51,211,969	\$	(709,300)	\$	51,211,969
8	C	To include the DRC/NAC Probation Grant expenses to agree with the CCMS Pub 15-1, Section 2304  ALLOWABLE COSTS FOR ALLOCATION  To adjust expenses to reflect adjustment numbers 1 through 6.  ALLOWABLE COSTS FOR ALLOCATION  To adjust Pharmacy charges to Providers to agree with the County's recCMS PUB. 15-1 SEC. 2304  ALLOWABLE COSTS FOR ALLOCATION	ounty's record.  * ord.	\$	51,921,269 51,211,969	\$	(709,300)	\$	51,211,969
8	c c	CMS Pub 15-1, Section 2304  ALLOWABLE COSTS FOR ALLOCATION  To adjust expenses to reflect adjustment numbers 1 through 6.  ALLOWABLE COSTS FOR ALLOCATION  To adjust Pharmacy charges to Providers to agree with the County's rec  CMS PUB. 15-1 SEC. 2304  ALLOWABLE COSTS FOR ALLOCATION	* ord.	* \$	51,211,969		, , ,		
8	С	ALLOWABLE COSTS FOR ALLOCATION  To adjust expenses to reflect adjustment numbers 1 through 6.  ALLOWABLE COSTS FOR ALLOCATION  To adjust Pharmacy charges to Providers to agree with the County's rec  CMS PUB. 15-1 SEC. 2304  ALLOWABLE COSTS FOR ALLOCATION	ord.	* \$	51,211,969		, , ,		
8	С	To adjust expenses to reflect adjustment numbers 1 through 6.  ALLOWABLE COSTS FOR ALLOCATION  To adjust Pharmacy charges to Providers to agree with the County's rec  CMS PUB. 15-1 SEC. 2304  ALLOWABLE COSTS FOR ALLOCATION	ord.	* \$	51,211,969		, , ,		
		ALLOWABLE COSTS FOR ALLOCATION  To adjust Pharmacy charges to Providers to agree with the County's rec  CMS PUB. 15-1 SEC. 2304  ALLOWABLE COSTS FOR ALLOCATION	ord.			\$	(1,275,044)	\$	49,936,925
		To adjust Pharmacy charges to Providers to agree with the County's rec CMS PUB. 15-1 SEC. 2304 ALLOWABLE COSTS FOR ALLOCATION	ord.			\$	(1,275,044)	\$	49,936,925
8	С	CMS PUB. 15-1 SEC. 2304 ALLOWABLE COSTS FOR ALLOCATION		* \$					
8	C	ALLOWABLE COSTS FOR ALLOCATION	*	* \$			·		
8	С		*	* \$		1		i	
				1	49,936,925	\$	(123,109)	\$	49,813,816
1		To adjust Provider Incentive costs to agree with the County's record.							
		CMS PUB. 15-1 SEC. 2304				İ			
8	С	ALLOWABLE COSTS FOR ALLOCATION	**	* \$	49,813,816	\$	(69,475)	\$	49,744,341
		To adjust State Hospital and Manage Care Offset to agree with the Cour	ity's record.						
		CMS PUB. 15-1 SEC. 2304							
8	С	ALLOWABLE COSTS FOR ALLOCATION	***	* \$	49,744,341	\$	1,187,383	\$	50,931,724
		To adjust A-87 cost to agree with the formally approved Countywide Cos Allocation Plan report dated July 22, 2003.	t .						
		CMS PUB. 15-1 SEC. 2304, DMH Letter 90-03							
1	*	Balance carried forward to subsequent adjustment.							
8	3		To adjust A-87 cost to agree with the formally approved Countywide Cost Allocation Plan report dated July 22, 2003.  CMS PUB. 15-1 SEC. 2304, DMH Letter 90-03  * Balance carried forward to subsequent adjustment.	To adjust A-87 cost to agree with the formally approved Countywide Cost Allocation Plan report dated July 22, 2003.  CMS PUB. 15-1 SEC. 2304, DMH Letter 90-03  * Balance carried forward to subsequent adjustment.	To adjust A-87 cost to agree with the formally approved Countywide Cost Allocation Plan report dated July 22, 2003.  CMS PUB. 15-1 SEC. 2304, DMH Letter 90-03	To adjust A-87 cost to agree with the formally approved Countywide Cost Allocation Plan report dated July 22, 2003.  CMS PUB. 15-1 SEC. 2304, DMH Letter 90-03  * Balance carried forward to subsequent adjustment.	To adjust A-87 cost to agree with the formally approved Countywide Cost Allocation Plan report dated July 22, 2003.  CMS PUB. 15-1 SEC. 2304, DMH Letter 90-03  * Balance carried forward to subsequent adjustment.	To adjust A-87 cost to agree with the formally approved Countywide Cost Allocation Plan report dated July 22, 2003.  CMS PUB. 15-1 SEC. 2304, DMH Letter 90-03	To adjust A-87 cost to agree with the formally approved Countywide Cost Allocation Plan report dated July 22, 2003.  CMS PUB. 15-1 SEC. 2304, DMH Letter 90-03  * Balance carried forward to subsequent adjustment.

Provide	er				Provider Number	No. of Adj.	Fiscal P	eriod Ended
	SACRAME	ито сс	N YTNUC	ин	00034	149	June	30, 2004
Adj.	Report Re			EXPLANATION OF AUDIT ADJUSTMENT	s	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.	ADJUSTMENTS TO REPORTED COSTS	·			
20 21 22 Info	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS	* * *	\$ 0 0 \$ 13,265,687	\$ 6,743,270 10,173 6,512,244	\$ 6,743,270 10,173 6,512,244 \$ 13,265,687
				To reallocate total administrative costs to Medi-Cal and non Medi- unduplicated percentage of Medi-Cal recipients in the population.	-Cal based on			
				ADJUSTMENTS TO ALLOCATION OF COS TO MODES OF SERVICE	<u>STS</u>			
23 24 25 Info	MH 1964 MH 1964 MH 1964 TOTAL	3 4 5	A A A	OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 Program 1) TOTAL		\$ 11,920,498 3,913,818 15,615,386 \$ 31,449,702	\$ 539,901 67,499 (7,194,595) \$ (6,587,195)	\$ 12,460,399 3,981,317 8,420,791 24,862,507
				To distribute audited Direct Services costs (Medi-Cal Modes) to O Hour Services, Day Services and Outpatient Services using the R method based on SMA's.			·	
26	MH 1964	3	Α	OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC)		\$ 12,460,399	\$ 1,710,553	14,170,952
27	MH 1964	5	Α	To include direct costs associated with Mode 5 service function (SOUTPATIENT SERVICES	•	\$ 8,420,791	\$ 231,094	8,651,885
				To include program II costs to agree with the County's record.				
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment:				

Provide	<del></del>				Provider Number	No. of Adj.	Fiscal	Period Ended
	SACRAME	ито сс	NYTANO	лн	00034	149	Jun	e 30, 2004
Adj.	Report Re	ference		EXPLANATION OF AUDIT ADJUSTMENT	S	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.				(200,000)	Aujuotou
				ADJUSTMENTS TO ALLOCATION OF COS TO MODES OF SERVICE	<u>STS</u>		·	
28 29 30 31 Info. 32 33	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 TOTAL	3 4 5 6 7 8 9	A A A A A A	OTHER 24 HOUR SERVICES (MODE 5-ALL OTHER) DAY SERVICES (MODE 10) OUTPATIENT SERVICE (MODE 15) OUTREACH SERVICE (MODE 45) MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55) SUPPORT SERVICES (MODE 60) MODE COSTS (DIRECT SERVICES AND MAA)  To reflect the distribution of adjustments number 3 through 19.		\$ 11,920,498 3,913,818 15,615,386 0 3,961,688 2,252,862 37,664,252	\$ 2,250,454 67,499 (6,963,501) 1,836,615 0 908,743 \$ (1,900,190)	\$ 14,170,952 3,981,317 8,651,885 1,836,615 * 3,961,688 * 3,161,605 \$ 35,764,062
34 . 35	MH 1964 MH 1964	6 7	A A	OUTREACH SERVICE (MODE 45) MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)  To reclassify MAA costs to Outreach to agree with County records		\$ 1,836,615 \$ 3,961,688	\$ 2,043,384 \$ (2,043,384)	\$ 3,879,999 \$ 1,918,304
36 37 38 39 40 Info.	MH1966 MH1966 MH1966 MH1966 MH1966	3 3 3 3	B C D E F	MODE SF   FFS   15-31   FFS   15-41   FFS   15-49   FFS   15-69   TOTAL   To displace the recorded Fee Fee Services (FFS) each set there a		\$ 27,745 1,195 14,895 128,389 1,468 \$ 173,692	\$ (27,745) (1,195) (14,895) (128,389) (1,468)	\$ 0 0 0 0 0 0 \$ 173,692 *
41	MH1966	3		To eliminate the reported Fee For Services (FFS) costs as these of not broken down by each discipline. Costs will be redistributed aff to FFS costs by each discipline to agree with the County records.  TOTAL FFS  To adjust FFS costs to agree with County records.  * Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.		\$ 173,692	\$ (63,571)	\$ 110,121 **

Provide					Provider Number	No. of Adj.	1	Period Ended
	SACRAME	ENTO CO	1 YTNUC	ИН	00034	149	June	30, 2004
	Report Re	eference				As	Increase	As
Adj.	Form/		0-1	EXPLANATION OF AUDIT ADJUSTMENT	rs .	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO ALLOCATION OF COS	<u>sts</u>			
				TO MODES OF SERVICE		·	<b> </b>	
	1			MODE SF				
42	MH1966	3	В	FFS PSYCHIATRIST 15-39		\$ 0	\$ 18,306	\$ 18,306
43	MH1966	3	С	FFS PSYCHIATRIST 15-49		0	79,851	79,851
44	MH1966	3	D	FFS PSYCHIATRIST 15-69	•	0	845	845
45	MH1966	3	E	FFS PSYCHOLOGIST 15-31		-0	835	835
46	MH1966	3	F	FFS PSYCHOLOGIST 15-41		0	1,505	1,505
47	MH1966	3	G	FFS LCSW 15-31		0 (	128	128
48	MH1966	3	H	FFS LCSW 15-41		0	82	82
49	MH1966	3	1	FFS MFCC 15-43	**	0	8,569	8,569
	ļ i			TOTAL	,	\$ 110,121	\$	\$ 110,121
				To reallocate Fee for Service costs to each discipline provider and service function code to agree with County records.	i			
				CMS PUB. 15-1 SEC. 2304				
50	MH1966	3	J	ASO 15-31		\$ 8,521	\$ (624)	\$ 7,897
51	MH1966	3	K	ASO 15-41		110,850	(8,166)	102,684
52	MH1966	3	L	ASO 15-60	j	2,837	(554)	2,283
Info.	1			TOTAL		\$ 122,208	\$ (9,344)	\$ 112,864
				To adjust ASO costs to agree with the County's records,				
		:		CMS PUB. 15-1 SEC. 2304				-
i		i						
	1	. ;		•		1	1	
İ								
	ļ			•				
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

Provide					Provider Number	No	o. of Adj.			Period E		
	SACRAME		NYTYN	лH · ·	00034	ļ	149	ļ	Jur	e 30, 20	)4 	
	Report Re	ference	·			į	As		Increase		As	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	TS	R	eported	(0	ecrease)		Adjusted	
110.	OCH.	Line	001.	ADJUSTMENTS TO ALLOCATION OF CO	<u>STS</u>							
53 54 55 56 57 58 59 60	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	3 3 3 3 3 3 3 3	B C D E F G H I	FFS PSYCHIATRIST 15-38 FFS PSYCHIATRIST 15-49 FFS PSYCHIATRIST 15-69 FFS PSYCHOLOGIST 15-31 FFS PSYCHOLOGIST 15-41 FFS LCSW 15-31 FFS LCSW 15-41 FFS MFCC 15-43  To adjust the cost per unit of the FFS expenditures to agree with County records.  CMS PUB. 15-1 SEC. 2304		\$	0 0 0 0 0 0	\$	0.92 0.86 1.09 0.99 0.86 0.75 0.82 0.82		0.92 0.86 1.09 0.99 0.86 0.75 0.82	
61 62 63	MH1966 MH1966 MH1966	3 3 3	J K L	ASO 15-31 ASO 15-41 ASO 15-60  To adjust the cost per unit of the ASO expenditures to agree with County records.  CMS PUB. 15-1 SEC. 2304		\$	1.15 0.93 1.19	\$	(0.12) (0.07) (0.20)	\$	1.03 0.86 0.99	
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				,				

Provide	= <del>=</del> =				Provider Number	No. of Adj.		riod Ended
	SACRAME	ито со	UNTY M	IH	00034	149	June 3	30, 2004
	Report Ref	erence		EXPLANATION OF AUDIT ADJUSTMENT	rs	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF ADDIT ADDOCTMENT			` '	
110.	55			ADJUSTMENTS TO REPORTED TOTAL U	NITS			
64 65 Info. Info. 66 67 68 Info. Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	2 2 2 2 2 2 2 2	B B C D B C D E	TOTAL UNITS-MODE 05-20 TOTAL UNITS-MODE 10-20 TOTAL UNITS-MODE 10-91 TOTAL UNITS-MODE 10-95 TOTAL UNITS-MODE 15-02 TOTAL UNITS-MODE 15-30 TOTAL UNITS-MODE 15-60 TOTAL UNITS-MODE 15-70 TOTAL UNITS-MODE 15-70		31,113 55,058 184 1,208 1,018,796 2,083,502 734,220 90,292 4,014,373	30 (50) 0 0 (192) 1,091 (1,823) 0 (944)	31,143 55,008 184 1,208 1,018,604 2,084,593 732,397 90,292 4,013,429
69 70 71 72 73 Info.	MH 1966A MH 1966A MH 1966A MH 1966A	2 2 2 2 2	В С D Е F	To adjust Total units under program I to agree with the County's I CMS PUB. 15-1 SEC. 2304  TOTAL UNITS-MODE 15-31 FFS TOTAL UNITS-MODE 15-39 FFS TOTAL UNITS-MODE 15-41 FFS TOTAL UNITS-MODE 15-49 FFS TOTAL UNITS-MODE 15-69 FFS TOTAL UNITS-MODE 15-69 FFS TOTAL		15,060 900 10,550 89,500 775 116,785	(15,060) (900) (10,550) (89,500) (775)	0 * 0 * 0 * 0 * 0 * 0 * 116,785 *
74	MH 1966A	2		To eliminate the reported Fee For Services (FFS) units as these not broken down by each provider discipline. Units will be redistre adjustment to FFS units by each discipline to agree with the Court CMS PUB. 15-1 SEC. 2304  TOTAL UNITS FFS  To adjust FFS total units to agree with County records.	ibuted after	116,785	10,120	126,905
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.	Fiscal I	Period Ended
	SACRAME	NTO CC	UNTY M	1H	00034	149	June	30, 2004
A 4:	Report Ref	erence		EXPLANATION OF AUDIT ADJUSTMENT	e	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Sch.	Line	Col	EXPERIENTION OF ADDIT ADDOCTMENT	<u> </u>	reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED TOTAL UN	IITS			
				MODE SF		* .		
75	MH1966	2	В	FFS PSYCHIATRIST 15-38	**	0	19,920	19,920
76	MH1966	2	С	FFS PSYCHIATRIST 15-49	**	0	92,850	92,850
77	MH1966	2	D	FFS PSYCHIATRIST 15-69	**	0	775	775
78	MH1966	2	Ε	FFS PSYCHOLOGIST 15-31	**	0	840	840
79	MH1966	2	F	FFS PSYCHOLOGIST 15-41	. **	0	1,750	1,750
80	MH1966	2	G ·	FFS LCSW 15-31	**	0	170	170
81	MH1966	2	G	FFS LCSW 15-41 FFS MFCC 15-43	**	0	100	100
82	MH1966	2	Н	FFS MFCC 15-43	ww.	126,905	10,500	10,500 126,905.00
				To reallocate Fee for Service units to each provider discipline and service function code to agree with County records.		125,500		120,000,00
			•	CMS PUB. 15-1 SEC. 2304				
83	MH1966	3	J	ASO 15-31	•	7,380	250	7,630
84	MH1966	3	к	ASO 15-41		119,450	(50)	119,400
85	MH1966	3	L	ASO 15-60		2,390	(90)	2,300
Info.			ĺ	TOTAL		129,220	110	129,330
				To adjust ASO total units to agree with the County's records.				
				CMS PUB. 15-1 SEC. 2304	.'		-	
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				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	er	<u>-</u>			Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	SACRAME	NTO CO	N YTAUC	ЛН	00034	149	June 3	30, 2004
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	S	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED TOTAL U	<u>vits</u>			
86 87 88 89	MH 1966 MH 1966 MH 1966	2 2 2	B C D	TOTAL UNITS - Mode 55, Service Function Code 01 TOTAL UNITS - Mode 55, Service Function Code 11 TOTAL UNITS - Mode 55, Service Function Code 21 TOTAL		208,965 1,406,007 1,121,853 2,736,825	(34,203) (230,133) (183,623) (447,959)	174,762 1,175,874 938,230 2,288,866
				To adjust MAA total units to agree with Provider's records.				
				CMS PUB. 15-1 SEC. 2304				
				ADJUSTMENTS TO REPORTED SD/MC UNITS -	COUNTY			
90 Info. 91	MH 1966A MH 1966A MH 1966A	9	TOTAL TOTAL TOTAL	TOTAL MEDI-CAL UNITS 54.35% TOTAL MEDI/MEDI UNITS 54.35% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35%		698,016 0 698,016	(19,576) 0 (19,576)	678,440 0 678,440 *
92 93 94	MH 1966A MH 1966A MH 1966A	9A	TOTAL TOTAL TOTAL	TOTAL MEDI-CAL UNITS 52.95% TOTAL MEDI/MEDI UNITS 52.95% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.95%		2,034,369 2,840 2,037,209	45,283 (2,840) 42,443	2,079,652 0 2,079,652 *
				To adjust Short-Doyle MediCal and MediCare Crossover units of County Operated facilities to agree with the State DMH Approved April 11, 2008 (Excluding disallowed claims <6,291>). The audito paper to County and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the detail of the county and Contract Provider which shows the county and Contract Provider which shows the county and Contract Provider which shows the county and Contract Provider which shows the county and Contract Provider which shows the county and Contract Provider which shows the county and Contract Provider which shows the county and Contract Provider which shows the county and Contract Provider which shows the county and Contract Provider which shows the county and Contract Provider which shows the county and Contract Provider which shows the county and Contract Provider which shows the contract Provider which shows the contract Provider which shows the county and Contract Provider which shows the contract Provider which shows the contract Provider which Provider which shows the con	Claims Report dated r submitted work			
	MH 1966A MH 1966A	8 8A	77.70	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.95% TOTAL	. ***	678,440 2,079,652 2,758,092	(307) (307)	678,440 * 2,079,345 * 2,757,785 *
	·			To adjust the State DMH Approved Claims Report dated April 11, the result of the EPSDT audit findings. This audit was conducted DMH Oversight Branch.				
		•		* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide		<del></del>			Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	SACRAME	NTO CC	UNTY N	ин	00034	149	June 3	80, 2004
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	S ·	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS -	COUNTY			
Info. 96 Info.	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.95% TOTAL	** **	678,440 2,079,345 2,757,785	(3,307) (3,307)	678,440 *** 2,076,038 ** 2,754,478
				To adjust the State DMH Approved Claims Report dated April 9, 2 the unit disallowances that was conducted by the County QA/UR				
Info. 97 Info.	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.95% TOTAL		691,710 2,157,689 2,849,399	0 (3,471) (3,471)	691,710 * 2,154,218 * 2,845,928 *
				To adjust County records SD/MC units of service/time to include a disallowed claims to agree with State DMH report. The auditor su to the County which shows the details of the above adjustment.				
Info. 98 Info.	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.95% TOTAL	** ** **	691,710 2,154,218 2,845,928	(307)	691,710 * 2,153,911 * 2,845,621 *
		1		To adjust the County's records (CATS) to incorporate the results of findings. This audit was conducted by the State DMH Oversight B				
Info. 99 Info.	MH 1966A MH 1966A	8 8A	·	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.95% TOTAL	**	691,710 2,153,911 2,845,621	(3,307) (3,307)	691,710 ** 2,150,604 ** 2,842,314
				To adjust the County's records (CATS) to incorporate the unit disa conducted by the County QA/UR review committee.	llowances that was			
4 !		-			· .			
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

#### California Health and Human Services Agency

Provid	er	··· <del>····</del>	<del>.=-</del>		Provider Number	No. of Adj.	Fiscal P	eriod Ended
	SACRAME	NTO C	OUNTY M	1H	00034	149	June	30, 2004
	Report Re	ference	;			As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS	5	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS - 0	COUNTY			
100 101 Info.	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.95% TOTAL	**	678,440 2,076,038 2,754,478	13,270 74,566 87,836	691,710 * 2,150,604 * 2,842,314 *
				To adjust the net Short-Doyle Medi-Cal plus Medi/Medi units per D net MediCal plus Insurance Crossover per the County's records. (See adjustment numbers 96 and 99)	MH to agree with the			
102 103 Info.	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.95% TOTAL	** **	691,710 2,150,604 2,842,314	(11,674) (94,960) (106,634)	680,036 2,055,644 2,735,680
				To adjust the SD/MC units of service/time to incorporate the control of the lower of DMH approved units vs. the Couny's reords by SFC auditor submitted work papers to the County and Contract Provide	The	٠.		
104 105	MH 1966A MH 1966A	10 10A	TOTAL TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/03-09/3 TOTAL HEALTHY FAMILIES UNITS 10/01/03-06/3		4,940 18,503	1,621 (3,717)	6,561 * 14,786 *
				To adjust Healthy Families units to agree with the State Departmer of Mental Health Summary of Approved Claims report.	nt			
106 107	MH 1966A MH 1966A	10 10A	TOTAL TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/03-09/3 TOTAL HEALTHY FAMILIES UNITS 10/01/03-06/3	1	6,561 14,786	(1,621). 3,717	4,940 * 18,503 *
				To adjust Healthy Families units to agree with County records.				
108 109	MH 1966A MH 1966A	10 10A	TOTAL TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/03-09/3 TOTAL HEALTHY FAMILIES UNITS 10/01/03-06/3	1	4,940 18,503	1,238 (4,078)	6,178 * 14,425 *
				To adjust the Healthy Families units of service/time to incorporate to fithe lower of DMH approved units vs. the Couny's records by SFC				
						1		
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	er				Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	SACRAME	NTO CO	DUNTY M	IH ·	00037	149	June 3	30, 2004
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	S	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRA	ACT PROVIDERS			
110 Info.	MH 1966A MH 1966A	8 9	TOTAL	TOTAL MEDI-CAL UNITS 54.35% TOTAL MEDI/MEDI UNITS 54.35%		10,467,051 0	101,098	10,568,149 0
111	MH 1966A	8 + 9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS		10,467,051	101,098	10,568,149 *
112 Info. 113	MH 1966A MH 1966A MH 1966A	9A	TOTAL TOTAL TOTAL	TOTAL MEDI-CAL UNITS 52.95% TOTAL MEDI/MEDI UNITS 52.95% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS		30,308,726 0 30,308,726	1,061,838 0 1,061,838	31,370,564 0 31,370,564 *
				To adjust the Short-Doyle Medi-cal plus Medi-Medi units of service Contract Provider Operated facilities to agree with the State DMH dated April 9, 2008. The auditor submitted work paper to County and Contract Provider which shows the detail of the above adjustr	Approved Claims Report			
114 115 Info.	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS. TOTAL	**	10,568,149 31,370,564 41,938,713	0 (5,487) (5,487)	10,568,149 * 31,365,077 * 41,933,226 *
				To adjust the State DMH Approved claims report dated April 9, 20 additional EPSDT disallowed claims to agree with County records.				
Info. 116 Info.	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS TOTAL	**	10,568,149 31,365,077 41,933,226	(2,181) (2,181)	10,568,149 * 31,362,896 * 41,931,045 *
				To adjust the State DMH Approved Claims Report dated April 9, 2: the result of the EPSDT audit findings. This audit was conducted IDMH Oversight Branch.				
	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS TOTAL	**	10,568,149 31,362,896 41,931,045	(6,778) (6,778)	10,568,149 * 31,356,118 * 41,924,267 *
				To adjust the State DMH Approved Claims Report dated April 9, 20 the unit dissallowances that was conducted by the County QA/UR	008 to incorporate committee.			
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	== <del>==</del> ================================				Provider Number	No. of Adj.	Fiscal Per	riod Ended
	SACRAME	NTO CC	M YTNU	Н	00034	149	June 3	0, 2004
	Report Re	ference				As	Increase	As
Adj.	Form/	1.7	0-1	EXPLANATION OF AUDIT ADJUSTMENT	S	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.			· · · · · · · · · · · · · · · · · · ·		
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTR.	ACT PROVIDERS			
Info: 118 Info.	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS 54.35% TOTAL MEDI-CAL UNITS 52.95% TOTAL	• .	10,529,180 30,613,245 41,142,425	(9,352) (9,352)	10,529,180 * 30,603,893 * 41,133,073 *
				To adjust the County records units of service/time to include addit disallowed claims to agree State DMH report. The auditor submit the County which showed the details of the above adjustments.				
Info. 119 Info.	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS 54.35% TOTAL MEDI-CAL UNITS 52.95% TOTAL	**	10,529,180 30,603,893 41,133,073	0 (2,181) (2,181)	10,529,180 * 30,601,712 * 41,130,892 *
				To adjust the County's records to incorporate the results of the EF findings. This audit was conducted by the State DMH Oversight E				
Info. 120 Info.	MH 1966A MH 1966A	. 8 8A		TOTAL MEDI-CAL UNITS 54.35% TOTAL MEDI-CAL UNITS 52.95% TOTAL	** **	10,529,180 30,601,712 41,130,892	(6,778) (6,778)	10,529,180 * 30,594,934 * 41,124,114 *
				To adjust the County's records to incorporate the unit disallowanc was conducted by the County QA/UR review committee.	es that			
121 122 Info.	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS 54.35% TOTAL MEDI-CAL UNITS 52.95% TOTAL	** **	10,568,149 31,356,118 41,924,267	(38,969) (761,184) (800,153)	10,529,180 * 30,594,934 * 41,124,114 *
				To adjust the net Short-Doyle Medi-Cal plus Medi/Medi units per I the net MediCal plus Insurance Crossover per the County's record (See adjustment numbers 119 and 122)				
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	er				Provider Number	No. of Adj.	Fiscal F	Period Ended
	SACRAME	NTO CO	M YTNUC	IH .	00034	149	June	30, 2004
	Report Re	ference			_	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	S	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTR	ACT PROVIDERS			
123 124 Info.	MH 1966A MH 1966A	8 8A		TOTAL MEDI-CAL UNITS 54.35% TOTAL MEDI-CAL UNITS 52.95% TOTAL	** ** **	10,529,180 30,594,934 41,124,114	(10,081) (104,362) (114,443)	10,519,099 30,490,572 41,009,671
				To adjust the SD/MC units of service/time to incorporate the control of the lower of DMH approved units vs. the Couny's records by Sauditor submitted work papers to the County and Contract Provid showed the details of the above adjutments.	C. The			
125 126	MH 1966A MH 1966A	10 10A	TOTAL TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/03-09 TOTAL HEALTHY FAMILIES UNITS 10/01/03-06		52,263 167,590	9,841 3,886	62,104 * 171,476 *
				To adjust Healthy Families units to agree with the State Department of Mental Health Summary of Approved Claims report.	nt .			
127 128	MH 1966A MH 1966A	10 10A	TOTAL TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/03-09 TOTAL HEALTHY FAMILIES UNITS 10/01/03-06		62,104 171,476	(9,147) (5,858)	52,957 * 165,618 *
	1			To adjust Healthy Families units to agree with Provider's records.				
129 130	MH 1966A MH 1966A	10 10A	TOTAL TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/03-09. TOTAL HEALTHY FAMILIES UNITS 10/01/03-06.		52,957 165,618	61 (757)	53,018 164,861
				To adjust the Healthy Families units of service/time to incorporate of the lower of DMH approved units vs. the Couny's records by SP				
						·		
į								
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Provider Number		No. of Adj.	T			d Ended
	SACRAME	NTO CO	UNTY N	MH	00034		149	1	Jur	ie 30, :	2004
Adj.	Report Re Form/ Sch.	ference Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	S	As Reported		Increase (Decrease)			As Adjusted
INU.	3011.	Line	COI.	ADJUSTMENT TO AS SETTLED EPSDT STATE GENE	RAL FUNDS						
138	Sch. 4	1	3	SD/MC ACTUALS		\$	88,175,351	\$	(1,816,686)	\$	86,358,665
			-	To adjust SD/MC actuals as a result of adjustments to tal computate as reflected in the MH 1979 forms for both the County Program and providers. The amounts utilized for this purpose was SD/MC and E Outpatient services only.	its contract						
139 140	Sch. 4 Sch. 4	2	3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		\$	87,125,798 65,296,269	\$	(113,768) (113,768)	\$	87,012,03ó * 65,182,501 *
				To adjust total SD/MC claims and EPSDT claims to include the rest Department's audit of the EPSDT Program conducted by the State Health as reflected in the report dated March 3, 2008. The Report from April 1, 2004 through June 30, 2004. This represent the origin	Department of Mental covered the period						
141 142	Sch. 4 Sch. 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**************************************	\$ \$	87,012,030 65,182,501	\$	113,768 113,768	\$	87,125,798 * 65,296,269 *
				To adjust total SD/MC claims and EPSDT claims to reverse the origincluded in adjustments 139 and 140 above. The revised findings a SD/MC Claims and EPSDT Claims" will be taken in adjustments 14	ffecting "Total						
143 144	Sch. 4 Sch. 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	\$ \$	87,125,798 65,296,269	\$	(35,746) (35,746)	\$	87,090,052 65,260,523
·				To adjust total SD/MC claims and EPSDT claims to include the result Department's revised audit of the EPSDT Program conducted by the Mental Health as reflected in the report dated March 3, 2008. The period from April 1, 2004 through June 30, 2004. This represents the	e State Department of Report covered the						
145	Sch. 4	10	3	NET COST SETTLEMENT AMOUNT		\$	29,246,633	\$	(574,756)	\$	28,671,877
				To adjust net cost settlement amount as a result of adjustments to S (Total Computable Medical), total SD/MC claims and EPSDT claims							
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.							

Provider	SACRAME	NTO CO	LINTY M	Н	Provider Number 00034	No. of Adj. 149	1	Period Ended e 30, 2004
	Report Re		01117111		L	. As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	S	Reported	(Declease)	Aujusteu
				ADJUSTMENT TO AS SETTLED EPSDT STATE GENI	ERAL FUNDS	\$ 29,246,633	\$ (47,498)	\$ 29,199,135 *
146	Sch. 4	11	3	To adjust State General Fund Distribution to include the results of t audit of the EPSDT Program conducted by the State Department o reflected in the report dated March 3, 2008. The Report covered th April 1, 2004 through June 30, 2004. This represents the SGF original conductions are considered to the conduction of	f Mental Health as ne period from	25,2 15,355		
147	Sch. 4	11	3	STATE GENERAL FUND DISTRIBUTION  To adjust State General Fund Distribution to reserve the original So included in adjustment 146 above. The revised findings affecting "Distribution" will be taken in adjustment 150 below.	GF recoupment	\$ 29,199,135	\$. 47,498	\$ 29,246,633 *
148	Sch. 4	11	3	STATE GENERAL FUND DISTRIBUTION  To adjust the State General Fund Distribution to reflect the results of findings included in the final report dated March 3, 2008	of the revised EPSDT	\$ 29,246,633	\$ (14,924)	\$ 29,231,709 *
149	Sch. 4		3	STATE GENERAL FUND DISTRIBUTION  To adjust the audited State General Fund due to State to agree wit 145 and 148 as follows:  (Adj. 145) \$ (Adj. 148) \$ Amount Due State \$	h adjustments (574,756) 14,924 (559,832)	\$ 29,231,709	\$ (559,832)	\$ 28,671,877
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

# SACRAMENTO COUNTY COMMUNITY MENTAL HEALTH SERVICES MANAGEMENT COMMENTS AND RECOMMENDATIONS FOR FISCAL PERIOD ENDED JUNE 30, 2004

#### FINDING - PHASE II CONSOLIDATION COSTS

Our examination disclosed that the County did not report the Phase II Consolidation of the Fee For Service Phase II Manage Care Funds by discipline. Rather, the County aggregated all the disciplines and reported them separately by service functions.

The State DMH letter dated December 28, 1998 requires the County to separately identify and disclose payments, total units, and SD/MC units related to the Phase II contractors, by discipline or provider number.

We have identified the following disciplines: Psychiatrist, Psychologist, Licensed Social Worker (LCSW), and Marriage Family Child Counselor (MFCC) and corrected the appropriate cost per unit applicable to each discipline.

#### **AUDIT AUTHORITY:**

Fiscal Year 2003/04 Cost Report Instructions Manual
California Code Regulations, Title 9, Section 640
State DMH letter dated December 23, 1998
DMH Information Notice 97-15
Center for Medicare and Medicaid Services, (CMS) Pub. 15-1, Section 2304;

#### **RECOMMENDATION:**

We recommend that the County report Phase II – Fee-For-Service units, gross cost, and total units by discipline and if applicable by service function within the discipline to reflect the actual payments made by the County. In order for the cost per unit to reflect the actual costs for each discipline as indicated on the letter dated December 23, 1998 sent to the Local Mental Health Administrators of the Counties, the total units of time should be capture for each discipline. DMH Information Notice 97-15 addressed reporting of discipline for Fee for Service Providers for a particular discipline or provider number.

#### **AUDITEE'S RESPONSE**

We concur with this recommendation (although the financial impact is zero).

The above recommendations will be implemented with the submission of the FY 2008/09 Cost Report (since reports for previous periods have already been submitted).

#### **DEPARTMENT OF MENTAL HEALTH**

# CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: Sacramento

	Legal Entity: Sacramento County Mental Health	A	В	С
Leg	gal Entity Number: 00034	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	29,431,648	128,951,602	158,383,250
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(105,667,941)	(105,667,941)
4	Other Adjustments from MH 1962		3,736,411	3,736,411
5	Total Costs Before Medi-Cal Adjustments	29,431,648	27,020,072	56,451,720
6	Medi-Cal Adjustments from MH 1961		(5,621,474)	(5,621,474)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			50,830,246
	Administrative Costs (County Only)			
9	SD/MC Administration			6,743,270
10	Healthy Families Administration			10,173
11	Non-SD/MC Administration			6,512,244
12	Total Administrative Costs			13,265,687
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			862,494
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			500,667
16	Total Utilization Review Costs			1,363,161
17	Research and Evaluation (County Only)			437,336
18	Mode Costs (Direct Service and MAA)			35,764,062
10	T ( 1 0 ) ( 1 1 1 1 0 )			50 000 010
19	Total Costs - Lines 9 through 18			50,830,246

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY **MEDI-CAL ADJUSTMENTS TO COSTS** MH 1961 (08/04)

#### **DEPARTMENT OF MENTAL HEALTH**

FISCAL YEAR 2003 - 2004

County: Sacramento

Legal Entity: Sacramento County Mental Health	Α	В	С
Legal Entity Number: 00034	Salaries		Total
Legal Entity Number, 00034	-1	Other	
	and Benefits	Other	Adjustments
1 State Hospital / Managed Care Offset	<u> </u>	(5,239,751)	(5,239,751)
2			
3 Audit Adjustments:			
4	-		
5 To adjust State Hospital / Managed Care Offset to		(69,475)	(69,475)
6 agree with County records			
7 To adjust Pharmacy Charges to Providers to agree	-	(1,275,044)	(1,275,044)
8 with County records			
9 To adjust Provider incentives to agree with Cnty records		(123,109)	(123,109)
10 To include A-87 costs to agree with A-87Plan		1,187,383	1,187,383
11 To adjust Pharmacy Supplies to agree with		(101,478)	(101,478)
12 County records			,
13		v	
14			
15			
16			
17			
18	,		
19			
20 Total Adjustments		(5,621,474)	(5,621,474)

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OTHER ADJUSTMENTS MH 1962 (08/04)

#### **DEPARTMENT OF MENTAL HEALTH**

FISCAL YEAR 2003 - 2004

County: Sacramento

Legal Entity: Sacramento County Mental Health	Α	В	.C
Legal Entity Number: 00034	Salaries		Total
	and Benefits	Other	Adjustments
1 To include the CalWork costs		3,004,855	3,004,855
2 To include the MIOCR Grant		497,178	497,178
3 To include the DRC/NAC Probation Grant		234,378	234,378
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments		3,736,411	3,736,411

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

#### DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Sacramento County Code: 34

CR

	County Code: 34		CR						
	Legal Entity: Sacramento County Mental He	alth	A	В	C	D	E	F	G
l.e	gal Entity Number: 00034		J =	Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (A	Il Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
ļ	Tall-radia Danasa		100.00%	20 100,00%	<del> </del>	<del>- </del>	<del> </del>	<b> </b>	ļ
1	Allocation Percentage Total Units		100.00%	31,143	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1
3	Gross Cost		14,170,952	14,170,952	<del> </del>		<del> </del>	<del> </del>	<del> </del>
3			17,770,502						0.0000000000000000000000000000000000000
4	Cost per Unit			455.03		1	-	ļ	ļ
5	SMA per Unit	··		489.49 489.49	<del> </del>	<del> </del>	<del> </del>	<del></del>	<b></b>
7	Published Charge per Unit Negotiated Rate / Cost per Unit			409.49		+	<del> </del>	<del> </del>	<del> </del>
	Negotiated Nate 7 Cost per Offic	<u> ५०० व्यवस्थानम् ।</u>		444444	00000000000	<u> </u>	<del> </del>	<del></del>	222222
8	Medi-Cal Units	07/01/03 - 09/30/03					<del> </del>	<del> </del>	ļ
8A		10/01/03 - 06/30/04				<del> </del>	ļ	<u> </u>	
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03				ļ	-	ļ	
9A		10/01/03 - 06/30/04 07/01/03 - 09/30/03			ļ <del></del>	<del> </del>		+	<del> </del>
10	Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04				<del> </del>	<del> </del>	·	
10/	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04				<del> </del>		<del> </del>	<del> </del>
10E	Ellianced SDAVIC (Relugees) Units	07/01/03 - 09/30/03				<del> </del>	<del> </del>	<del> </del>	
11 11A	Healthy Families (SED) Units	10/01/03 - 06/30/04				+	<del> </del>	<del> </del>	
12	Non-Medi-Cal Units	1.0/0//00 - 00/00/04		31,143		<del> </del>	<del> </del>	<del> </del>	t
	Non-Wed-Car Child	<del>ļuras aras a</del>				<del> </del>	and an array is		
13	Medi-Cal Costs	07/01/03 - 09/30/03	<b> </b>	ļ	ļ	<del> </del>	12.	1	ļ
13A		10/01/03 - 06/30/04				<del> </del>	ļ	ļ	
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03				1			<u> </u>
14A		10/01/03 - 06/30/04	ļ			<del> </del>			ļ
15	Medi-Cal Published Charges	07/01/03 - 09/30/03 10/01/03 - 06/30/04	<del> </del>			<del> </del>	ļ	<del>                                     </del>	ļ
15A		07/01/03 - 09/30/03	<del></del>			1	+	<del> </del>	
16	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04				-	ļ		
16A			PROGRAMMENT OF THE				100000000000000000000000000000000000000		
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03				1		1	
17A	Micaldare Mical del Groccotta Godie	10/01/03 - 06/30/04						ļ	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A	middiddi dii da da da da da da da da da da da da da	10/01/03 - 06/30/04	<b></b>			ļ	ļ		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	<b> </b>					ļ	
19A		10/01/03 - 06/30/04				ļ			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						<del> </del>	
20A		10/01/03 - 06/30/04		200000000000000000000000000000000000000	*********				
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A	Enhanced 3D/MC Costs	10/01/03 - 06/30/04					1		
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A	Enhanced Station Sittle Opper Enhanced	10/01/03 - 06/30/04				<u> </u>	<u> </u>		
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A	Ethlanced Spirito Fabilitied Orlarges	10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	ļ			**************************************
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04			<u> </u>				
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
	ក្សា <u>ក្រាស បានប្រជាពលបានប្រើប្រជាពីក្រាស់ពេ</u> កបើសសម្រាស់ពេក	07/01/03 - 09/30/03							
29	Healthy Families Costs	10/01/03 - 06/30/04							
29A 30		07/01/03 - 09/30/03							
30A	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04		·		<del></del>			
31		07/01/03 - 09/30/03		<del></del>					
31A	Healthy Families Published Charges	10/01/03 - 06/30/04		<del></del>					
32		07/01/03 - 09/30/03							
32A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04							
	N- FONC-		14 170 050	14 170 052			apenenggenan i	200000000000000000000000000000000000000	
33	Non-Medi-Cal Costs		14,170,952	14,170,952		L	<u></u>		· · · · · · · · · · · · · · · · · · ·

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

#### DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

A Medica Non-Medica No	County: Sacramento County Code: 34			CR	CR	CR			
Legal Enti  Alloca Total I Gross Cost p Gross SMA p Publisi Negoti  A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C B Medi-	Legal Entity: Sacramento County Mental Hea	alth	A	В	С	D	E	F	G
Total I Gross Gross Cost p SMA p Publisi Negoti A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A A A Medi-C A A Medi-C A A A Medi-C A A A Medi-C A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A A Medi-C A A A A Medi-C A A A A A A A A A A A A A A A A A A A	ntity Number: 00034			Service	Service	Service	Service	Service	Service
Total I Gross Gross Cost p SMA p Publisi Negoti A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A A A Medi-C A A Medi-C A A A Medi-C A A A Medi-C A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A A Medi-C A A A A Medi-C A A A A A A A A A A A A A A A A A A A	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
Total I Gross Gross Cost p SMA p Publisi Negoti A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C A A A Medi-C A A Medi-C A A A Medi-C A A A Medi-C A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A Medi-C A A A A Medi-C A A A A Medi-C A A A A A A A A A A A A A A A A A A A				20	91	95			
Cross Cost p SMA p Publis Negoti A Medica A Medica O Enhan OB Enhan 1 Health 2 Non-M 3 Medica 3 Medica 6 A Medica 6 A Medica 8 Me	cation Percentage		100.00%	96.76%	0.29%	2.95%			<u> </u>
Cost p SMA p Publisi Negoti  A Medica A				55,008	184	1,208		ļ	<u> </u>
SMA F. Publisi Negoti N	ss Cost	anananananananananananananan	3,981,316	3,852,414	11,460	117,442		<u> </u>	1
Publis Negoti A Medi-C A Medi-C A Medi-C A Medi-C A Medi-C B Inhan A Medi-C A Medi-C A Medi-C B Medi-C	t per Unit			70.03	62.28	97.22			
Medica A Medica A Medica A Medica A Medica Benhan A Medica A Medica A Medica Benhan A Medica Benhan A Medica Benhan A Medica Benhan A Medica Benhan A Medica Benhan A Medica Benhan Benh	A per Unit			85.68	76.20	118.94			
A Medica A Medica A Medica B Enhan A Medica B Enhan A Medica A Med	lished Charge per Unit	. <u> </u>		85.68	76.20	118.94			
A Medica A Medica O Enhan OB Enhan 1 Health 2 Non-M 3 Medi-C 5 A Medi-C 5 A Medi-C 6 A Medi-C 7 A Medica 3 Medica 3 Medica 3 Medica 3 Medica 3 Medica 3 Medica 4 Medica 5 Enhanc 6 Enhanc 6 Enhanc 7 Enhanc 7 Enhanc 8 Enhanc 8 Healthy 1 He	otiated Rate / Cost per Unit								<u> </u>
A Medica A Medica O Enhan OB Enhan 1 Health 2 Non-M 3 Medi-C 5 A Medi-C 5 A Medi-C 6 A Medi-C 7 A Medica 3 Medica 3 Medica 3 Medica 3 Medica 3 Medica 3 Medica 4 Medica 5 Enhanc 6 Enhanc 6 Enhanc 7 Enhanc 7 Enhanc 8 Enhanc 8 Healthy 1 He		07/01/03 - 09/30/03		6,143	21	154			1.
A Medica OA Enhan OB Enhan OB Enhan OB Enhan OB Enhan OB Enhan OB Enhan OB Enhan OB Enhan OB Enhan OB Enhan OB Enhan OB Enhan OB Enhan OB OB OB OB OB OB OB OB OB OB OB OB OB O	li-Cal Units	10/01/03 - 06/30/04		19,121	42	398			<del> </del>
A Medica O Delian Medica O Del		07/01/03 - 09/30/03						f	
O OA Enhan OA Enhan OA Enhan OA Enhan OA OA OA OA OA OA OA OA OA OA OA OA OA	licare/Medi-Cal Crossover Units	10/01/03 - 06/30/04							
OA Ennan OB Enhan 1 1 Health 2 Non-M 3 Medi-C 5 Medi-C 5 Medi-C 5 Medi-C 6 Medi-C 7 Medica 3 Medica 3 Medica 3 Medica 3 Medica 3 Medica 3 Medica 4 Medica 5 Health 4 Health 4 Health 4 Health 4 Health 4 Health 4 Health 4 Health 5 Health		07/01/03 - 09/30/03							
OB Enhan  1 Health 1A Health 1A Health 1A Health 2 Non-Ma 3 Medi-C 5 A Medi-C 5 A Medi-C 6 A Medica 6 A Medica 7 Medica 8 A Medica 9 A Medica 9 A Medica 1	anced SD/MC (Children) Units	10/01/03 - 06/30/04							
1 Health 1 Health 2 Non-M 3 Medi-C 4 Medi-C 5 Medi-C 6 Medi-C 6 Medi-C 6 Medica 6 Medica 7 Medica 7 Medica 8 Me	anced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
1A Health 2 Non-M 3 Medi-C 4 Medi-C 5 Medi-C 5 Medi-C 6 Medi-C 7 Medica 3 Medica 3 Medica 3 Medica 4 Medica 4 Medica 4 Medica 4 Medica 5 Medica 6 M		07/01/03 - 09/30/03							
2 Non-M 3 Medi-C 4 Medi-C 5 Medi-C 5 Medi-C 6 A Medi-C 7 Medica 3 Medica 3 Medica 3 Medica 3 Medica 3 Medica 4 Medica 4 Medica 5 Healthy 6 Enhanc 6 Enhanc 6 Enhanc 6 Enhanc 6 Enhanc 7 Healthy 7 Healthy 8 He	Ithy Families (SED) Units	10/01/03 - 06/30/04			2	6			
3 Medi-C 3 Medi-C 5 Medi-C 5 Medi-C 5 Medi-C 5 Medi-C 5 Medi-C 6 Medi-C 6 Medi-C 6 Medica 8 Medica 9 M	-Medi-Cal Units			29,744	119	650			
3A Medi-C 44A Medi-C 5A Medi-C 5A Medi-C 6A Medi-C 7A Medica 8 Medica 8 Medica 9 Medica 1A Enhanc		07/04/00 00/20/02	446 407		-1	***********			<u> </u>
4 Medi-Co Medi-Co Medi-Co Medica Medi	I-Cal Costs	07/01/03 - 09/30/03	446,497 1,380,424	430,217 1,339,114	1,308 2,616	14,972 38,694			
4A Medi-C 5 Medi-C 6 Medi-C 6 Medi-C 7 Medica 8 Medica 8 Medica 9									<del></del>
55 Medi-C 56 Medi-C 56 Medi-C 56 Medi-C 77 Medica 3 Medica 3 Medica 3 Medica 3 Medica 4 Medica 4 Enhanc 4 Enhanc 5 Enhanc 6 Enhanc 6 Enhanc 6 Enhanc 6 Enhanc 7 Enhanc 7 Enhanc 8 Healthy	i-Cal SMA Upper Limits	07/01/03 - 09/30/03 10/01/03 - 06/30/04	546,249 1,688,826	526,332	1,600 3,200	18,317			<del></del>
5A Medica		07/01/03 - 09/30/03	546,249	1,638,287 526,332	1,600	47,338			<del> </del>
6 Medi-Control Medical	i-Cal Published Charges	10/01/03 - 06/30/04	1,688,826	1,638,287	3,200	18,317 47,338			
A Enhance A Enha		07/01/03 - 09/30/03	1,000,020	1,030,207	3,200	47,330			·
77/A Medica 3 Medica 3 Medica 3 Medica 3 Medica 3 Medica 3 Medica 4 Medica 4 Enhanc 4 Enhanc 5 Enhanc 6 Enhanc 6 Enhanc 6 Enhanc 7 Enhanc 7 Enhanc 8 Healthy 8 Healthy 8 Healthy 8 Healthy 8 Healthy 8 Healthy 8 Healthy 8 Healthy 8 Healthy	i-Cal Negotiated Rates	10/01/03 - 06/30/04		+					
A Medica  A Medi					44644444		5-0 <u>-0-0</u> -0-0-0-0-0-0-		<u>Bernerice</u>
Medica  A Medica	icare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
A Medica  A Medica  A Medica  A Medica  A Medica  A Enhanc  B Enhanc  Enhanc  Enhanc  Enhanc  Enhanc  Enhanc  Enhanc	ical erivieur-cal crossover costs	10/01/03 - 06/30/04							
A Medica A Medica A Medica A Medica A Enhance	icare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
Medica  Medica	icarchitedi-oar orossetci citar opper zimite	10/01/03 - 06/30/04							
A Enhance A Enhance A Enhance B Enha	icare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
Medicac A Enhance A Enhance A Enhance A Enhance Enhance Enhance Enhance Enhance Enhance Enhance		10/01/03 - 06/30/04							
A Enhance A Enhance A Enhance B Enhance Enhance Enhance Enhance Enhance A Healthy	icare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
A Enhance A Enhance A Enhance A Enhance A Enhance A Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance	ical chilical-cal chocover maganated mates	10/01/03 - 06/30/04							
A Enhance A Enhance A Enhance A Enhance A Enhance A Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance C Enhance		07/01/03 - 09/30/03	1.		1.		*****************		2+1+1+1+1+1+1+1+1+1+
Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance	anced SD/MC Costs	10/01/03 - 06/30/04							
Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance Enhance		07/01/03 - 09/30/03							
BA Enhance A Enhance Benhance	anced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	+			<del>-</del> +			
Enhance Enhance Enhance Enhance Enhance Enhance Enhance Healthy		07/01/03 - 09/30/03							
Enhance Enhance Enhance Enhance Enhance Enhance Healthy	anced SD/MC Published Charges	10/01/03 - 06/30/04		-					
Enhance Enhance Enhance Enhance Enhance Healthy		07/01/03 - 09/30/03		+					
Enhance Enhance Enhance Enhance Healthy	anced SD/MC Negotiated Rates	10/01/03 - 06/30/04	-		-				
Enhance Enhance Enhance Healthy						2272222222	100000000000000000000000000000000000000	<u> </u>	germen and a
Enhance Enhance Healthy	anced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
Healthy		07/01/03 - 06/30/04							
Healthy		07/01/03 - 06/30/04							
A Healthy	inced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04		distriction of the	0101020101010101010	i de la compania del compania de la compania de la compania del compania de la compania del compania de la compania de la compania de la compania de la compania del compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania dela compania del compania del compania del compania del compania de			(araganaran <del>a</del> naraiki
A Healthy	thy Families Costs	07/01/03 - 09/30/03							
	Bry Families Costs	10/01/03 - 06/30/04	708		125	583			
A	thy Families SMA Upper Limits	07/01/03 - 09/30/03							
	my ramines Sivia Opper Limits	10/01/03 - 06/30/04	866		152	714			
Healthy	thy Families Published Charges	07/01/03 - 09/30/03							
A	·	10/01/03 - 06/30/04	866		152	714			
Healthy		07/01/03 - 09/30/03							
A	ary , driming riogonatou riogo	10/01/03 - 06/30/04							
Non-Me	Medi-Cal Costs	<u> </u>	2,153,687	2,083,083	7,412	63,193		******************	<u> </u>

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL DETAIL MH 1966 (08/04)

DETAIL COST REPORT

CR

CR

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FISCAL YEAR 2003 - 2004

County:	Sacramento
County Code:	34

	County Code: 34			CR	CR	CR	CR		
	Legal Entity: Sacramento County Mental He	alth	Α	В	С	D	E	F	G
Leg	gal Entity Number: 00034		1	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
				02	30	60	70		
1	Allocation Percentage		100.00%	18.09%	47.75%	31.07%	3.09%		
2	Total Units			1,018,604	2,084,593	732,397	90,292		
3	Gross Cost		8,420,791	1,523,646	4,021,249	2,616,108	259,788		
		<u> </u>		1.50	4.00		200		
5	Cost per Unit SMA per Unit			1.83	1.93 2.36	3.57 4.37	2.88		
							3.52		
6	Published Charge per Unit		1	1.83	2.36	4.37	3.52		
7	Negotiated Rate / Cost per Unit				200000000000000000000000000000000000000				
8	4	07/01/03 - 09/30/03		142,252	311,859	132,472	15,945		
8A	Medi-Cal Units	10/01/03 - 06/30/04		446,946	936,964	446,772	34,266		
9		07/01/03 - 09/30/03					,		
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04							
10		07/01/03 - 09/30/03							
10A	Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) Units								
-	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04		4 450		077	<b> </b>		
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		1,458	4,449	271			
11A		10/01/03 - 06/30/04		4,400	9,731	236	50		
12	Non-Medi-Cal Units			423,548	821,590	152,646	40,031		
13	<u>and and an anti-dependent of the state of t</u>	07/01/03 - 09/30/03	1,333,434	212,783	601,586	473,187	45,877	<del></del>	
13A	Medi-Cal Costs	10/01/03 - 06/30/04	4,170,436	668,550	1,807,435	1,595,861	98,590		
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,631,337	260,321	735,987	578,903	56,126		
14A	<u> </u>	10/01/03 - 06/30/04	5,102,156	817,911	2,211,235	1,952,394	120,616		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	1,631,337	260,321	735,987	578,903	56,126		
15A		10/01/03 - 06/30/04	5,102,156	817,911	2,211,235	1,952,394	120,616		
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A	Micar-Cal Megoratica Nation	10/01/03 - 06/30/04							
17		07/01/03 - 09/30/03	. * . * . * . * <u>. * . * . * . * . * . *</u>	******	. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1			**********	
	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
17A		07/01/03 - 09/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04							
18A									
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
194		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A	Wiedloare/Wedi-Oal Grossover regoliated rates	10/01/03 - 06/30/04					i		
24		07/01/03 - 09/30/03	<u> </u>	*************	21.00000000000	14/14/4/4/4/4/4/4/4/4/	14/4/414141414/14/4/4/	1414141414141EEE	Statistici (aratari
21	Enhanced SD/MC Costs						<del></del>		
21A		10/01/03 - 06/30/04 07/01/03 - 09/30/03							
22	Enhanced SD/MC SMA Upper Limits								
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A	Imaniced Commo regulated reaces	10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04		<u> </u>					<u> </u>
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
		07/01/03 - 06/30/04					<del></del>		
28 I	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	to the second second second second second second second second second second second second second second second	07/01/03 - 09/30/03	11,731	2,181	8,582	968		<u></u>	
29A	lealthy Families Costs	10/01/03 - 06/30/04	26,340	6,582	18,771	843	144		
30		07/01/03 - 09/30/03	14,352	2,668	10,500	1,184	133		
30A	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	32,224	8,052	22,965	1,031	176		
24	···	07/01/03 - 09/30/03	14,352	2,668	10,500		1/0		
31A	Healthy Families Published Charges	10/01/03 - 06/30/04	32,224	8,052	22,965	1,184	176		
			32,224	0,052	22,905	1,031	1/6		
32_,	lealthy Families Negotiated Rates	07/01/03 - 09/30/03 10/01/03 - 06/30/04	-			<del></del>			
2001		107013/0.3 = 0.05730/04 - 1	I I				1		
32A		10/01/00 00/00/01	and the second	<del> </del>	-147414 <u>74</u> 14144444444	-1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND DESCRIPTION OF THE PERSON	gagagagat et et e

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### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986 (08/04)

#### DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Sacramento County Code: 34  Legal Entity: Sacramento County Mental H egal Entity Number: 00034  Mode: 15 - Outpatient (Program 2)  Allocation Percentage Total Units Gross Cost  Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit  Medi-Cal Units  Medi-Cal Units	ealth	A Mode Total 100.00% 231,094	TBS  B Service Function 58 3.51% 4,770 8,109	MHS C Service Function 39 7.92% 19.920	MHS D Service Function 49 34.55%	MHS E Service Function 69 0.37%	MHS F Service Function 31	MHS G Service Function 41
egal Entity Number: 00034  Mode: 15 - Outpatient (Program 2)  Allocation Percentage Total Units Gross Cost  Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Medi-Cal Units	ealth	Mode Total	Service Function 58 3.51% 4,770	Service Function 39 7.92%	Service Function 49 34.55%	Service Function 69	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)  Allocation Percentage Total Units Gross Cost  Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit  Medi-Cal Units		100.00%	Function 58 3.51% 4,770	Function 39 7.92%	Function 49 34.55%	Function 69	Function	Function
Allocation Percentage Total Units Gross Cost Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Medi-Cal Units		100.00%	58 3.51% 4,770	39 7.92%	49 34.55%	69		
Total Units Gross Cost Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Medi-Cal Units	0.00.0000000000000000000000000000000000		3.51% 4,770	7.92%	34.55%		31 1	41
Total Units Gross Cost Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Medi-Cal Units			4,770					
Gross Cost  Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit  Medi-Cal Units		231,094		19,920			0.36%	0.65
Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Medi-Cal Units		231,094	8,109	40.000	92,850	775	840	1,75
SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit  Medi-Cal Units				18,306	79,851	845	835	1,50
Published Charge per Unit Negotiated Rate / Cost per Unit  Medi-Cal Units			1.70	0.92	0.86	1.09	0.99	8.0
Negotiated Rate / Cost per Unit  Medi-Cal Units			2.36	2.36	2.36	4.37	2.36	2.3
Medi-Cal Units	endalaran nananan a							
\								
\	07/01/03 - 09/30/03		4,770	5,100	24,600	475	60	40
	10/01/03 - 06/30/04		-111.1	14,820	52,200	270	780	95
	07/01/03 - 09/30/03			1.1025				
Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04							
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	07/01/03 - 09/30/03							
Enhanced SD/MC Units	10/01/03 - 06/30/04						<del></del>	
DB Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04					<del></del>	<del></del>	<del></del>
	07/01/03 - 09/30/03				+			
A Healthy Families (SED) Units	10/01/03 - 06/30/04				<del></del>			<del></del>
Non-Medi-Cal Units	10/01/03 - 00/30/04				16,050	30		40
. Mon-ivied-Gal Offics	egreggeringgrendere <del>d</del> t					30	20000000000	40
Medi-Cal Costs	07/01/03 - 09/30/03	65,873	8,109	4,687	21,156	518	60	34
A Medi-Cai Costs	10/01/03 - 06/30/04	149,151		13,619	44,892	294	775	81
Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	170,018	11,257	12,036	58,056	2,076	142	94
A A	10/01/03 - 06/30/04	407,989		34,975	123,192	1,180	1,841	2,24
Medi-Cal Published Charges	07/01/03 - 09/30/03							
A Land Charges	10/01/03 - 06/30/04							
Medi-Cal Negotiated Rates	07/01/03 - 09/30/03					L		
A Medi-Cal Negotiated Nates	10/01/03 - 06/30/04	·						
Mandiagrafitandi Cel Cressourer Costs	07/01/03 - 09/30/03	12-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<u> </u>				********	<u> </u>
Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
	07/01/03 - 09/30/03	<del></del>						
A Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	<del></del>		<del></del>				
	07/04/03 00/30/03						<del></del>	
A Medicare/Medi-Cal Crossover Published Charge:	10/01/03 - 06/30/04			<del></del>				
	07/01/03 - 09/30/03			<del></del>				
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04			<del></del>				
	electrical de la companya de la companya de la companya de la companya de la companya de la companya de la comp							<u> </u>
Enhanced SD/MC Costs	07/01/03 - 09/30/03							
<u> </u>	10/01/03 - 06/30/04							
Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
A	10/01/03 - 06/30/04							
Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
A Enhanced Object of abilished Offarges	10/01/03 - 06/30/04							
Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
A Elinanced School Negotiated Nates	10/01/03 - 06/30/04							
Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04			***************		*1*1*1*1*1*1*1*1*1*1*1	2-1-1-1-1-1-1-1-1-1-1-1-1-1	************
Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04		<del></del>	<del></del>				
Enhanced SD/MC (Refugees) Published Charges								
Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04		<del></del>			-		
Elitarica Obrivo (Kerugees) Regulated Kates						againg again		
Healthy Families Costs	07/01/03 - 09/30/03							
A readily Families Costs	10/01/03 - 06/30/04							
Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
Healthy Families SIVIA Opper Limits	10/01/03 - 06/30/04							
Healthy Families Published Charges	07/01/03 - 09/30/03							
Healthy Pamilles Published Charges	10/01/03 - 06/30/04							
Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
Healthy Families Negotiated Rates	10/01/03 - 06/30/04							
Non-Medi-Cal Costs		16,070		· <u> </u>	13,803	33		344

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

#### DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

	County: Sacramento								
	County Code: 34		MHS	MHS	MHS	ASO	ASO	ASO	
	Legal Entity: Sacramento County Mental He	alth	н	1 !	J	К	1 1	М	N
Le	gal Entity Number: 00034		Service	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function	Function
			32	42	43	31	41	60	
1_	Allocation Percentage		0.06%	0.04%	3.71%	3.42%	44.43%	0.99%	
2	Total Units		170	100	10,500	7,630	119,400	2,300	
3	Gross Cost		128	82	8,569	7,897	102,684	2,283	
4	Cost per Unit		0.75	0.82	0.82	1.03	0.86	0.99	
5	SMA per Unit		2.36	2.36	2.36	2.36	2.36	4.37	
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03	60	50	3,450	1,800	29,900	525	
8A	Wedi-Cai Oliks	10/01/03 - 06/30/04	110		7,050	5,830	87,350	1,775	
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A_	Micdical critical car crossover critical	10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04				_			
	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			50			2,150		
13	Madi Cal Costs	07/01/03 - 09/30/03	45	41	2,816	1,863	25,714	521	
13A	Medi-Cal Costs	10/01/03 - 06/30/04	83		5,753	6,034	75,121	1,762	
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	142	118	8,142	4,248	70,564	2,294	
14A	Wedi-Car SWA Opper Limits	10/01/03 - 06/30/04	260		16,638	13,759	206,146	7,757	
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A	inedi-Cal Fublished Charges	10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Madiana (Madi Cal Carana da Carto	07/01/03 - 09/30/03						2.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A	iviedicare/iviedi-Cai Crossover SiviA Opper Littits	10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A	iviedical e/iviedi-cal crossovel i abilished charges	10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03		·					
20A	Wild Color of Color o	10/01/03 - 06/30/04							
21		07/01/03 - 09/30/03		* * * * * * * * * * * * * * * * * * * *		*			1.
21A	Enhanced SD/MC Costs	10/01/03 - 06/30/04							
22	C. I	07/01/03 - 09/30/03		-					
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04							
23	Eshanad CDMAC Bublished Charges	07/01/03 - 09/30/03							
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A	Elifanced SD/MC Negotiated Nates	10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	<u></u>		<u>e, et et et et et et et et et</u>				
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						-	<del></del>
	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					<del></del>		
		07/01/03 - 09/30/03		darah erasa dari da	1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			1011011011011011 -	
29 29A	Healthy Families Costs	10/01/03 - 06/30/04		-		<u> </u>			
29A		07/01/03 - 09/30/03							
30A	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	<del></del>	<del></del>			<del></del>		
14		07/01/03 - 09/30/03							<del></del>
31A	Healthy Families Published Charges	10/01/03 - 06/30/04	-						
22		07/01/03 - 09/30/03			-				
32A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04							
	No. Madi Cal Carda		**********	44	<u> </u>	40000000000	1.040		<u> </u>
1 88	Non-Medi-Cal Costs			41			1,849		

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**DEPARTMENT OF MENTAL HEALTH** PAGE 1 OF 1

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

**DETAIL COST REPORT** 

FISCAL YEAR 2003 - 2004

County: Sacramento County Code: 34

CR

54							
Sacramento County Mental Health	А	В	С	D	E	F	G
		Service	Service	Service	Service	Service	Service
45 - Outreach	Mode Total	- Function	Function	Function	Function	Function	Function
		20					
tage	100.00%	100.00%					
		1,782					
		3,879,999					
		2.177.33					
its		1,782					
	3.879.999	3.879.999		12-2-2-2-2-2-2-1			
	Sacramento County Mental Health 00034 45 - Outreach tage	Sacramento County Mental Health         A           00034         Mode Total           45 - Outreach         100.00%           tage         3,879,999           its         100.00%	Sacramento County Mental Health         A         B           00034         Service           45 - Outreach         Mode Total         Function           20         100.00%         1,782           3,879,999         3,879,999           2,177.33         1,782           1,782         1,782	Sacramento County Mental Health         A         B         C           00034         Service         Service           45 - Outreach         Function         Function           tage         100.00%         100.00%           1,782         3,879,999         3,879,999           3,177.33         1,782           1,782         1,782	Sacramento County Mental Health         A         B         C         D           00034         Service         Service         Service           45 - Outreach         Function         Function         Function           tage         100.00%         100.00%         1,782         3,879,999           3,879,999         3,879,999         2,177.33         1,782           its         1,782         1,782	Sacramento County Mental Health         A         B         C         D         E           00034         Service         Service         Service         Service         Service         Service         Function         <	Sacramento County Mental Health         A         B         C         D         E         F           00034         Service         Service         Service         Service         Service         Service         Service         Service         Service         Function         Functio

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

**DETAIL COST REPORT** 

FISCAL YEAR 2003 - 2004

County: Sacramento County Code: 34

MAA MAA MAA

	Southly Code. Gy		100-0-4	IVID-U-L	10000			
	Legal Entity: Sacramento County Mental Health	Α	В	С	D	E	F	G
Le	gal Entity Number: 00034		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
			01	11	21			
1	Allocation Percentage	100.00%	7.64%	51.37%	40.99%			
2	Total Units		174,762	1,175,874	938,230			
3	Total Expenditures	1,918,304	146,468	985,503	786,333			
4	Cost per Unit		0.84	0.84	0.84			
5	Non-Medi-Cal Costs	648,669						

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

**DETAIL COST REPORT** 

FISCAL YEAR 2003 - 2004

County: Sacramento

	County Code: 34			CR					
Г	Legal Entity: Sacramento County Mental Health		Α	В	С	D	E	F	G
	Legal Entity Number: 00034			Service	Service	Service -	Service	Service	Service
	Mode: 60 - Support	٠.٠	Mode Total	Function	Function	Function	Function	Function	Function
				60					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			100					
3	Gross Cost		3,161,605	3,161,605					
4	Cost per Unit			31,616.05	<u> </u>				
5	Non-Medi-Cal Units (Same as Line 2)			100					
6	Non-Medi-Cal Costs (Same as Line 3)		3,161,605	3,161,605		124-121-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			

#### DETAIL COST REPORT

#### DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04)

County: Sacramento
County Code: 34

Legal Entity: Sacramento County Mental He	Legal Entity: Sacramento County Mental Health		В		D	E	F	G	Н	1 1	J
Legal Entity Number: 00034		Total	Total	Total		50.00%	54.35%	52,95%	Variable %	75,00%	Total
		MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP.
SD/MC Administrative Reimbursement (County Only)											
1 County SD/MC Direct Service Gross Reimbursement				7,545,815							
2 Contract Providers Medi-Cal Direct Service Gross Reimbursement				78,812,850							
3 Total Medi-Cal Direct Service Gross Reimbursement					86,358,664						
4 Medi-Cal Administrative Reimbursement Limit					12,953,800						
5 Medi-Cal Administration					6,743,270						
6 Medi-Cal Administrative Reimbursement					6,743,270	3,371,635					3,371,63
Healthy Families Administrative Reimbursement (County Only)											
County Healthy Families Direct Service Gross Reimbursement			********	38,779	38,779						
7A Contract Providers Healthy Families Direct Service Gross Reim.				383,855	383,855						
7B Total Healthy Families Direct Service Gross Reimbursement					422,634						
8 Healthy Families Administrative Reimbursement Limit					42,263						
9 Healthy Families Administration					10,173						
10 Healthy Families Administrative Reimbursement					10,173				6,612		6,61
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin, Activities Svc Functions 01 - 09		146,468			146,468	73,234					73,23
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39		624,710			624,710	312,355					312,35
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)		498,456			498,456					373.842	373.84
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)					862,494					14111111111111111111111111111111111111	<u> स्थानसम्बद्धाः</u>
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)  15 Other SD/MC Utilization Review (County Only)					802,494					646,871	646,87
16 SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03			1,845,804	1,845,804		1,003,194				1,003,19
	10/01/03 - 06/30/04			5,700,011	5,700,011			3,018,156			3,018,15
17 Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03										
11/A	10/01/03 - 06/30/04										
18 Enhanced SD/MC Net Reimb. (Refugees)											<del></del>
19 Total SD/MC Reimbursement Before Excess FFP											8,799,28
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21 Total SD/MC Reimbursement (FFP)											8,799,28
22 Contract Limitation Adjustment											
Adjusted Total SD/MC Reimbursement (FFP)											8,799,28
24 Healthy Families Net Reimbursement	07/01/03 - 09/30/03		<u>:-63:344454665</u> 4	11,731	11.731				7,625		7.62:
	10/01/03 - 06/30/04			27.048	27,048				17,581		17,58
25 Total Healthy Families Reimbursement Before Excess FFP				27,040	21,040				180,11		31,81
26 Amount Negotiated Rates Exceed Costs - Healthy Families			<u>. 15</u> 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1+2+2+2+2+2+2+3+3+3+3+3+2+2+							51,01
27 Total Healthy Families Reimbursement	ny randico										31,819
27 (Total Healthy Families Reinibulsement				-:-:-: <u>:::::::::::::::::::::::::::::::</u>			<u> </u>				51,81